

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

08/01/2008

Iandiorio & Teska
260 Bear Hill Road
Waltham, MA 02451-1018



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|---------------------------|--------------------|
| Joanne M. Cecchini | (Depositor's name) |
| <i>Joanne M. Cecchini</i> | (Signature) |
| August 21, 2008 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/600,175 | 06/20/2003 | Robert I. Rudko | LE-204J | 9703 |

TITLE OF INVENTION: ENDOVASCULAR TISSUE REMOVAL DEVICE

08/25/2008 M5EBREK2 00000000 10600175

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$720 | \$300 | \$0 | \$1020 | 11/03/2008 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| FARAH, AHMED M | 3735 | 606-015000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Iandiorio Teska
& Coleman

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PLC Medical Systems, Inc.

Franklin, MA 02038

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0002 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

8/21/2008

Typed or printed name

Roy J. Coleman

Registration No.

48,863

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IANDIORIO TESKA & COLEMAN

Joseph S. Iandiorio
Kirk Teska
Roy J. Coleman
Thomas E. Thompson, Jr.
David W. Poirier
Niall Casey

INTELLECTUAL PROPERTY LAW ATTORNEYS

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web: www.iandiorio.com

August 21, 2008

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBJECT: Applicant: Rudko et al.
 Serial No.: 10/600,175
 Filed: June 20, 2003
 Confirmation No.: 9703
 Date Mailed: August 1, 2008
 For: ENDOVASCULAR TISSUE REMOVAL
 DEVICE
 Examiner: Farah, Ahmed M.
 Group: 3735
 Docket No: LE-204J

Dear Sir:

Enclosed are the Fee Transmittal Form PTOL-85 and a check in the amount of \$1,050.00, including \$720.00 for the Issue Fee, \$300.00 for the Publication Fee, and \$30.00 for ten (10) copies of the issued patent.

If at any time it appears that a telephone conference with counsel would help advance prosecution, please telephone the undersigned or his associates, collect in Waltham, Massachusetts at (781) 890-5678.

If any payment during prosecution is found to be incorrect, please charge any deficiency or credit any overpayment to my Deposit Account No. 09-0002. A copy of this letter is enclosed for use by the Finance Branch in the event that it is necessary to make any charge or credit to my deposit account.

In addition, pursuant to Rule 1.136(a)(3), the office is hereby authorized to treat any future reply requiring an extension of time as incorporating a request therefor. Also, any request or Petition for an Extension of Time notwithstanding an inadvertent reference in the Petition to a shorter period of time is to be treated as requesting the appropriate length of time.

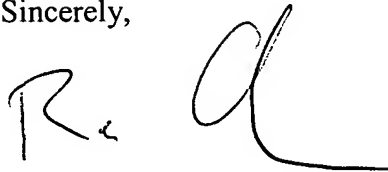
Commissioner for Trademarks

August 21, 2008

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Kindly acknowledge receipt of the foregoing by returning the enclosed self-addressed postcard.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. Coleman", written in a cursive style.

Roy J. Coleman

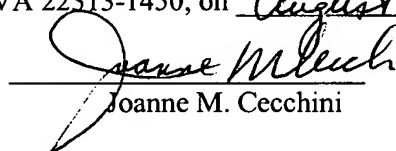
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RJC/jmc

Enclosures

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Joanne M. Cecchini



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Kirk Teska
Roy J. Coleman
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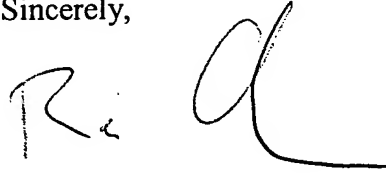
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August 21, 2008

Page 2

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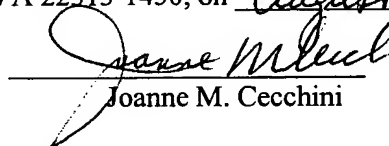
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Joanne M. Cecchini